



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Moore		First Name Venita		Middle Name J	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 5832 Winston Drive						
7. City Indianapolis		State IN	ZIP Code 46226	8. County Marion	9. Telephone (Day) (317) 590-6486	10. Telephone (Evening) (317) 590-6486
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) IPS Board of School Commissioners District 2		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Venita J. Moore for IPS						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 3210 Washington BLVD				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis		State IN	ZIP Code 46205	18. County Marion	19. Telephone (317) 695-5463	20. Committee Organization Date (MM-DD-YY) 07-29-16
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Tammy Butler Robinson						
22. Mailing Address <input type="checkbox"/> Check if this is a new address 5605 N. Jamestown Drive				23. FAX (Optional)		24. E-mail Address (Optional)
25. City McCordsville		State IN	ZIP Code 46055	26. County Hancock	27. Telephone (Day) (317) 628-9883	28. Telephone (Evening) (317) 628-9883
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Huntelston						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Hope C. Tribble		Signature of the Committee Chairperson 	
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Hope C. Tribble					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 3210 Washington Blvd				35. FAX (Optional)	
37. City Indianapolis		State IN	ZIP Code 46205	38. County Marion	39. Telephone (Day) (317) 695-5463
40. Telephone (Evening) (317) 695-5463					

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Tammy B. Robinson	Signature of Chairperson 	Date (MM-DD-YY) 08-09-16
43. Typed or Printed Name of Candidate Venita J. Moore	Signature of Candidate 	Date (MM-DD-YY) 08/09/2016

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldredge

AUG 10 2016

FILED